



Do Not Write or Staple In This  
Space.  
Reserved For Fiscal.

## Purchase Voucher

Agency: 529  
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01066328

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK  
1101 S CAPITAL OF TEXAS HWY  
STE K250  
WEST LAKE HILLS, TX 78730-5115

Freight Amount: \$0.00

Gross Amount (Includes Frt.): \$762,500.00

Discount Amt Taken: \$0.00

Payment Amount: \$762,500.00

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID
1	0000088840	0		TPCN 12.6

Invoice Description	AMOUNT
ALTERNATIVES TO ABORTION- TEXAS PRENANCY CARE NETWORK (Fulfill the	\$762,500.00

ShipTo ID Non-HHSAS Cntrct ID

2010

Contract #  
529-10-0013-00001

Wkfc Org PmtDt IC RC

N

Invoice DT: 01/22/16	Req'd Pay DT:
Inv Recv'd DT: 01/20/16	Pay Due DT: 03/02/16
Service DT: 02/01/16	P O DT:

Account	Entry Event	Fund	Dept.	Program	Class	Budget Ref	Pri/Grant	Amount
1.1	725300	0001	716	5016	03138	2016	TANF100F	\$762,500.00

Open Item Key:

Certified Amt: 0.00

Descriptive Legal Text (DLT Comments):

DOS: 02/2016

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

FEB 26 2016

01/25/2016

Approved By

Approver Phone(Area+Number)

Date Approved

DateEntered into HHSAS

Gonzalez,Maria Gina (ONL UID)

Approved By

Approver Phone(Area+Number)

Date Approved

Entered By

Contact Name

Contact Phone(Area+Number)

#1664328

# Contract Vendor Invoice Payment Request



HHSC Office of Social Services  
Community Access & Services

Alternatives to Abortion-Texas Pregnancy  
Care Network

RECEIVED  
JAN 22 2016  
HHSC ACCOUNTING

The attached invoice is approved for payment.

Invoice Date:	1/22/16		
Invoice Number:	TPCN 12.6		
Dept. ID/Speedchart:	716		
Object Code:	725300		
Contract Number:	529-10-0013-00001E		
Contract Name:	Texas Pregnancy Care Network		
TIN:	1760802397		
Mail Code:			
Purchase Order Number:	52900-6-0000088840		
	Month of Service:	February 2016	Amount: \$ 762,500.00
	Month of Service:		Amount:
	Month of Service:		Amount:

Invoice Received Date:	1/20/16	Total Amount:
Payment Due On or Before:	*March 01, 2016	\$762,500.00

CONTACT	DATE
Preparer's Name:	Andrea Costley
Preparer's Phone:	512-206-5624

FINANCIAL MANAGER	DATE
Beth Zahn	1/22/2016

SIGN-OFF	DATE
Agency Contact/Preparer's Signature: <i>Andrea Costley</i>	1/22/16

EW 1/25/16



## Texas Pregnancy Care Network (TPCN)

## INVOICE

**Billing Office:**

Texas Pregnancy Care Network (TPCN)  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Billing Address:**

Andrea Costley  
Texas Health and Human Services Commission  
909 W. 45<sup>th</sup> Street  
Building 555, MC 2010  
Austin, TX 78751

**Remittance Address:**

Texas Pregnancy Care Network  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Taxpayer ID No.** 76-0802397

Amounts due may be remitted  
by Electronic Funds

**To:** Business Bank of Texas, N.A.

1910 W. Braker Ln  
Building 3, Suite 100  
Austin, TX 78758

**Routing No.** 114925615

**Account:**

Texas Pregnancy Care Network  
1005126

**Invoice Number:** TPCN-12.6**Invoice Date:** January 20, 2016**Due Date:** February 29, 2016**For Professional Services Rendered:**

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**RE:****Contract Number:** 529-10-0013-00001E

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed August 21, 2015 (attached).

**Payment 12.6:** Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

**Due Date:** February 29, 2016

\$762,500.00

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Amount Due	\$762,500.00
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***Section 1.06 Modification to Section 4.02 General Payment Terms.***

This is a modification to Section 4.02 of the Original Agreement. HHSC shall pay the CONTRACTOR an amount not to exceed \$762,500.00 per month for the months of September 2015 through February 2016 for the work performed in accordance with Exhibit A to this Amendment.

***(a) Payment Methodology***

HHSC shall pay the CONTRACTOR an amount not to exceed \$762,500.00 per month for the months of September 2015 through February 2016.

***(b) Payment Schedule***

Payment No.	Description	Due Date	Amount
12.1	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	September 30, 2015	\$762,500.00
12.2	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	October 31, 2015	\$762,500.00
12.3	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	November 30, 2015	\$762,500.00
12.4	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	December 31, 2015	\$762,500.00
12.5	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	January 31, 2016	\$762,500.00
12.6	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	February 29, 2016	\$762,500.00

**ARTICLE II. REPRESENTATIONS AND AGREEMENT OF THE PARTIES**

The Parties hereto contract and agree that the terms of the Original Agreement, Amendment One, Two, Three, and Four shall remain in effect and continue to govern except to the extent modified herein. By signing this Amendment Five, the Parties expressly understand and agree that Amendment Five is hereby made a part of the Original Agreement as though it were set out word for word therein.

# Health & Human Services Commission

## Purchase Order CHANGE ORDER

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	52900-6-0000088840	
Net 30 FOB Dest. Prepaid & All BEST WAY			Date	Revision	Page
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered <u>purchase order requirements</u> .			11/12/2015	1 - 12/04/2015	1
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.					

**Vendor:** 1760802397  
**TEXAS PREGNANCY CARE NETWORK**  
**1101 S CAPITAL OF TEXAS HWY**  
**STE K250**  
**WEST LAKE HILLS TX 78730-5115**

**Bill To:** Invoice-HHSC Accounting  
**HEALTH & HUMAN SERVICES COMMISSION**  
**4900 N Lamar Blvd**  
**Austin TX 78751**  
**United States**  
**Phone:** 512-424-6518  
**Fax:** 512-424-6901  
**Email:** HHSC\_AP@hhsc.state.tx.us

**Purchaser:** Kessler,Autumn (PCS) 512.406.2563

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
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1- 1	Fulfill the terms of contract number 529-10-0013-00001E from dates 09/01/2015 through 02/29/2016	962-58	1.00LOT	3,050,000.00000	3,050,000.00	11/12/2015
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Schedule Total 3,050,000.00

Contract ID: 529-10-0013-00001

Contract Line: 0 Release: 8

Item Total for Line 1 3,050,000.00

Total PO Amount 3,050,000.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

**Unauthorized**